MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025605
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1915

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4031
2 4000
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4 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED JUL 9 1962

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Louis
c. CITY OR TOWN Saint Louis (20)
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5420 Janet Ave.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Pearl Middle Last Smith

4. DATE OF DEATH: Month June Day 27, Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-5-1898
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker (SALESWOMAN)
10b. KIND OF BUSINESS OR INDUSTRY: SALES
11. BIRTHPLACE (City and state or country): E. Prairie, Missouri
12. CITIZEN OF WHAT COUNTRY: U SA

13a. FATHER'S NAME: William H. Wells
13b. MOTHER'S MAIDEN NAME: MARY F. LEGATE
14. NAME OF HUSBAND OR WIFE: Vernon Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT Address: VERNON A. SMITH SR. St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Failure	30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis	2 yrs
DUE TO (c)	Myocarditis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 10, 1945, to 6-27-62 and last saw her him alive on 6-27-62
Death occurred at 10:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. H. Hermann, D.O.
22b. ADDRESS 8700 Riverview, St. Louis, Mo.
22c. DATE SIGNED 6-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 6-29-1962
23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY
23d. LOCATION (City, town, or county) (State) ST CHARLES, Mo

24. FUNERAL DIRECTOR ARTHUR C. BAUE ADDRESS St. Charles, Mo.
25. DATE RECD. BY LOCAL REG. 6-28-62
26. REGISTRAR'S SIGNATURE John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Connie L Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.